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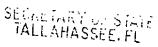
Division of Corporations MKG Nochimson LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Mary L Kidder (Contact Person) MKG Nochimson LLC (Firm/Company) 1111 Cactus Terrace #101 (Address) Delray Beach, FL 33445 (City/State and Zip Code) For further information concerning this matter, please call: Mary L. Kidder 708 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee Mailing Address: **Street Address:** Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

TO: Registration Section



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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as	s it appears on the records of the Florida Department
2. The Florida doc	ument/registration number a	assigned to this limited liability company is:
3. The date this mo	ember/manager withdrew/res	signed or will withdraw/resign is:
4. 1. Gary J Nochimson (Print Name of Person Resigning)		, hereby withdraw/resign as a
Manager	tune ty r erson Resigning)	
	(Print Title)	
of this limited lia resignation in wr		he limited liability company has been notified of my
2	~	
Signature of D	issociating Member or Resig	gning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	